APPENDIX J - FACSIMILE TRANSMITTAL SHEET/ POSTCARD

	Department of Revenue Customer Assistance Bureau 301 West High Street - Rm 225 P. O. Box 200 Jeffeson City, MO 65105-0200		FACSIMILE TRANSMITTAL SHEET Telephone: (573) 751-3680 Fax: (573) 751-0466			
DATE:		TO:		FA	XNUMBER:	
FROM:						
RE:						
THE DOCUME	ENTISANACTI	JAL COPY OF THE PERM	IIT ISSUED:			
AUTHORIZING			-	то орг	ERATE A SCHO	OOL BUS.
	TODAY'S DATE The Custome permit. You he permit is valid your regular second meets	DRIVER LICENSE NUMBER Per Assistance Bureau receivave met the requirements for for 60 days from today's dischool bus permit in the next the requirements in Missou and your valid driver licenchool bus.	ARY AUTHOI SHI vved your applicate this temporary te as is indicated to days, provid ri Revised Statut	ation for a s school bus p above. You ed your crim e, Chapter 3	school bus permit. This will receive inal history 02.272.	
	TELEPHO MO 860-2708 (3-01)	ONE NUMBER: (573) 751-2	730 FAX NUMB	ER: (573) 75	DOR-4593 (3-01)	i
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